

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101 538673

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7	1		1			
8		1		1		
9		1		1		
10		3		1		
11	1		1			
12		1		1		
13		2		1		
14		①		1		
15		①		1		
16		①		1		
17		①		1		
18		①		1		
19	1		1			
20		1		1		
21		2		1		
22		①		1		
23		①		1		
24	1		1			
25		1		1		
26		2		1		
27		①		1		
28		①		1		
29		①		1		
30		①		1		
31		①		1		
32		①		1		
33		①		1		
34		①		1		
35		①		1		
36		①		1		
37		①		1		
38		①		1		
39		①		1		
40		①		1		
41	1		1			
42		1		1		
43		1		1		
44		3		1		
45		3		1		
46		3		1		
47		①		1		
48	1		1			
49		1		1		
50	1			1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		1		
52		⑦		1		
53	1		1			
54		1		1		
55		2		1		
56		①		1		
57		①		1		
58		①		1		
59		①		1		
60		①		1		
61		1		1		
62						
63						
64						
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76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91			1			
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9	↓	8	↓		↓
TOTAL DEP.	67	←	53	←		←
TOTAL CLAIMS	76		61			